



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1651 Customer No.: 035811
Examiner : Susan Emily Fernandez
Serial No. : 10/695,574
Filed : October 28, 2003
Inventors : Denis Barritault Docket No.: 1003-DIV-01
 : Jean-Pierre Caruelle
Title : BIOCOMPATIBLE POLYMERS, PROCESS Confirmation No.: 4857
 : FOR THEIR PREPARATION AND
 : COMPOSITIONS CONTAINING THEM
Dated: November 17, 2006

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard

\$60.00 Check

Claim of Extension of Time for Response, in duplicate
Amendment Transmittal Letter, in duplicate
Response

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

DLA Piper US LLP
Customer No. 035811

By: 

Date: 17 Nov 2006



Attorney Docket No.: 1003-DIV-01

Application of Denis Barritault et al.

Serial No.: 10/695,574

Filed: October 28, 2003

For: BIOCOMPATIBLE POLYMERS, PROCESS FOR THEIR PREPARATION AND COMPOSITIONS CONTAINING THEM

Mail Stop AmendmentE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

___ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

___ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL	* 7	- **20 =	x 25 =	\$		x 50 =	\$
INDEP.	* 4	- ** 4 =	x 100 =	\$		x 200 =	\$
Application Size Fee				\$		x 250 =	\$
First Presentation of Multiple Dependent Claim			+ 180 =	\$		+ 360 =	\$
TOTAL ADDITIONAL FEE			\$ _____			OR \$ _____	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

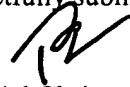
___ Please charge my Deposit Account No. 50-2719 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

___ Payment in the amount of \$ _____ is attached.

x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

- x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,



T. Daniel Christenbury
Reg. No. 31,750
Attorney for Applicants

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